

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/009016

FILING DATE

APPLICANT'S

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	0			1		
9	1			1		
10	1			1		
11	1			1		
12	1		1			
13	1			1		
14	1			1		
15	1			1		
16	1		1			
17	1			1		
18	1			1		
19	1			1		
20	1			1		
21	1			1		
22	1			1		
23	1			1		
24	1			1		
25	1			1		
26	1		1			
27	3			1		
28	3			1		
29	3			1		
30	3			1		
31	1		1			
32	1			1		
33	1			1		
34	1			1		
35	1			1		
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			13			
TOTAL DEP.			22			
TOTAL CLAIMS			35			

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831